

(ISSUE SLIP STAPLED HERE OR IN additional cross references)

| POSITION            | INITIALS | ID NO. | DATE                |
|---------------------|----------|--------|---------------------|
| FEE DETERMINATION   | D.B.     | 2225   | 11-17-99            |
| O.I.P.E. CLASSIFIER |          | 16     | 11-22-99            |
| FORMALITY REVIEW    | BW       | 11423  | 12-10-99<br>3-10-00 |

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim | Date    |
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| 1     | 7/22/99 |
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| 11    |         |
| 12    |         |
| 13    | ✓       |
| 14    | N       |
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| 50    | N       |

| Claim | Date    |
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| 51    | 7/22/99 |
| 52    | 7/24/99 |
| 53    |         |
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| 57    | ✓       |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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